		- 6
		1
		L
	1	

Please type a plus si	gn (+) inside this box	ş.	*			
	ILITY	Attorney Docket	Vo.	END-0736		
PATENT AP		First Inventor		Jeffrey D. Messer	ty	
TRANS	SMITTAL	Title		Blade with Function Ultrasonic Surgical	onal Balance Asymmetries for Use al Instrument	with
(only for new nonprovisional	applications under 37 CFR b))	Express Mail Lab	el No.	EL457887354US		۲ <u>.</u>
APPLICATION			ADD		Commissioner for Patents	
contents.						826 826
See MFEP Chapter 600 Concerning utility patent application contents.  1. See Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing)  2. Applicant claims small entity status.  3. Specification [Total Pages 38] (Pretared arrangement set forth below)  - Descriptive Title of the Invention  - Cross Reference to Related Applications  - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix  - Background of the Invention  - Brief Description of the Drawings (if filed)  - Detailed Description  - Claim(s)  - Abstract of the Disclosure  4. ✓ Drawing(s)(35 USC 113) [Total Sheets17]  - 5. Oath or Declaration  - Total Pages3]  - Newly executed (original or copy)  - b. ✓ Copy from a prior application (37 CFR 1.83(d)) (for continuation/divisional with Box 18 completed)  - In Det. ETION OF INVENTOR(S)  Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.83(d)(2) and 1.33(b).		Washington, DC 20231  Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. □ Computer Readable Form (CRF) b. □ Specification Sequence Listing on: i. □ CD-ROM or CD-R (2 copies), or ii. □ paper c. □ Statement verifying identity of above copies  ACCOMPANYING APPLICATION PARTS 9. □ Assignment Papers (cover sheet & document(s)) 10. □ 37 CFR 3.73(b) Statement □ Power of Attorney (when there is an assignee) 11. □ English Translation Document (if applicable) 12. □ Information Disclosure Statement (IDS)/PTO-1449 □ Copies of IDS Citations 13. □ Preliminary Amendment 14. □ Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. □ Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. □ Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.				
6. ☐ Application D	ata Sheet. See 37	CFR 1.76				
6. ☐ Application Data Sheet. See 37 CFR 1.76  It a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:  ☐ Continuation ☑ Divisional ☐ Continuation—in-Part (CIP) of prior application No.: 09/412,257, filed 10/5/99. Prior application information: Examiner L. Ngo For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  ☑ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below  Name: Philip S. Johnson, Esq.  Address: Johnson & Johnson Plaza  New Brunswick, NJ 08933-7003 USA  20. TELEPHONE CONTACT  Please direct all telephone calls or telefaxes to Verne E. Kreger, Jr. at: Telephone: (732) 524-1239 Fax: (732) 524-2808  21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED						
NAME	Verne E/Kreger,	Jr.			Reg. No. 35231	
SIGNATURE DATE	Olexae April 4, 2001	7. Bre	ze	J .		

## FEE TRANSMITTAL

	Com	plete if Known	
Application Number			
	Filing Date		
	First Named Inventor	Jeffrey D. Messerly	
	Group Art Unit		
	Examiner Name		
	Attorney Docket Number	END-0736	

## **FEE CALCULATION**

## CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	4 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x 80.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$270.00	
			TOTAL FEES	\$ 710.00

## METHOD OF PAYMENT

- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/END-0736/VEK. Three copies of this sheet are enclosed.

SUBMITTED E	:Y:	Complete (if applicable)
Typed or		
Printed Name	Verne, E., Kreger, Jr.	Reg. No. 35,231
Signature	Vinet Green Date: 4/4/01	Deposit Account No. 10-0750
	0 /	